U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/657,866 TRANSMITTAL Filing Date September 9, 2003 FORM First Named Inventor Mark A. Reiley (to be used for all correspondence after initial filing) Art Unit 3738 Examiner Name David J. Isabella Total Number of Pages in This Submission Attorney Docket Number 29914-701.402 ENCLOSURES (Check all that apply) After Allowance communication to X Fee Transmittal Form Drawing(s) Technology Center (TC) Appeal Communication to Board Fee Attached Licensing-related Papers of Appeals and Interferences  $\boxtimes$ Appeal Communication to TC Amendment/Reply Petition (Appeal Notice, Brief, Reply Brief) Petition to Convert to a After Final Proprietary Information Provisional Application Power of Attorney, Revocation Affidavits/declaration(s) Status Letter Change of Correspondence Address Other Enclosure(s) (please identify below): Extension of Time Request Terminal Disclaimer 1. PTO/SB/08 2. Copies of references #273-312 Express Abandonment Request Request for Refund Information Disclosure Statement CD, Number of CD(s) Certified Copy of Priority Remarks Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY OR AGENT Firm Cecily Anne O'Regan, Reg. No. 37,448, WILSON SONSINI GOODRICH & ROSATI Individual name Signature Date February 15, 2006 FILED ELECTRONICALLY ON: February 15, 2006 Typed or printed name Frank Chen

Signature.

Date February 15, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a sentimate to take 2 hours to complete, including substruing, preparing, and submitting the completed application. Complete, including substruing, preparing, and submitting the completed application form to the USPTO. The will vary depending upon the individual case. Any commence on the amount of time you require to complete this form and/or Alexandria, VAL 2023-1449. DO NOT SIND FEES OR COMPLETED FORMS TO THIS ADDRESS. SIND TO: Commenced to the Complete t

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Effective on 12/08/2004.				Complete if Known						
FEE TRANSMITTAL			Application	Application Number 10/657,866						
			Filing Da	te	Septembe	r 9, 2003				
for FY 2005				ed Inventor	Mark A.	Reiley				
Applicant claims small	entity status. See	37 CFR 1.27.	Examiner	Name	David J. I	sabella				
TOTAL AMOUNT OF PAYMENT (5) 255 00			Art Unit		3738					
TOTAL AMOUNT OF PAYMENT (5) 255.00				Docket No.	29914-70	29914-701.402				
METHOD OF PAYMEN	T (check all that	apply)								
☐ Check ☐ Credit car			Other (plea	se identify):						
Deposit Account: Depo	osit Account Num	her: 23-2415		Denosit Accou	nt Name: Wilson	Sonsini Goodrich	& Rosati			
Deposit Account: Deposit Account Number: 23-2415  Deposit Account Name: Wilson Sonsini Goodrich & Rosati  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
☐ Charge any additional fee(s) or underpayments of fee(s) ☐ Credit any overpayment										
under 37 CFR 1.16 and 1.17										
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FEE CALCULATION										
1. BASIC FILING, SEAF	RCH, AND EXA	MINATION FEES								
						AMINATION FEES				
Application Type	Fee (\$)	Small Entity Fee (\$) Fe	ee (\$)	Small Entity Fee (\$)	Fee (S)	Small Entity Fee (\$)	Fees Paid (\$)			
Utility	300		500	250	200	100	S0			
Design	200		00	50	130	65	30			
Plant	200		100	150	160	80				
Reissue	300		500	250	600	300				
Provisional	200	100	0	0	0	0				
		100	U	U	0	U	Small Entity			
2. EXCESS CLAIM FEES Fee Description Fee (5)										
Each claim over 20 or, for Reissues, each claim over 20 and more than the original patent							Fee (\$) 25			
Each independent claim over	3 or, for Reissues,	each independent claim	more than in th	e original patent		200	100			
Multiple dependent claims Total Claims	Extra Claims	Fee (\$)	Fee Paid (	S)	Multiple	360 Dependent Claim	180			
27 -24 or HP =		× \$25.00 =	\$75.00		Fee (\$)					
HP = highest number of total						\$0	_			
Indep. Claims  1 - 3 or HP =	Extra Claims 0	Fee (S)	Fee Paid (	<u>si</u>						
HP = highest number of total			**	_						
3. APPLICATION SIZE	FEE									
If the specification and of the application size if 37 CFR 1.16(s).		00 sheets of paper (exc 125 for small entity) for								
- 100 =	Extra Sheets	50 = Number of		al 50 or fraction t up to a whole nun		Fee (\$) =	Fee Paid (\$) \$0			
4. OTHER FEE(S)							Fees Paid (\$)			
Non-English Specification										
Other: Supplemental Info	rmation Disclosur	Fee					\$180.00			
CUDWITTED BY	Λ									

Signature		Registration No. (Attorney/Agent) 37,448	Telephone 650-493-9300
Name (Print/Type)	Cecily Anne O'Regan		Date February 15, 2006
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